

# Week One Phone Assessment

## Demographics

Mayo Clinic Number \_\_\_\_\_

Date of Week One assessment \_\_\_\_\_

Height \_\_\_\_\_  
(cm)

Weight \_\_\_\_\_  
(kg)

## Medications

Were any medications added (including chemotherapy) during Week One?  No  Yes

List medications added during Week One \_\_\_\_\_

Were any medications stopped during Week One?  No  Yes

List medications stopped during Week One \_\_\_\_\_

## Health/Life Events

Were there any health events during Week One - check all that apply  None

-  Hospitalization

-  Unscheduled physician visit

-  Transfusion at alternate facility

Type of transfusion(s) - check all that apply  RBC

Number of units \_\_\_\_\_

-  Platelet

Number of units \_\_\_\_\_

-  FFP

Number of units \_\_\_\_\_

-  Cryoprecipitate

Number of units \_\_\_\_\_

-  New illness or injury affecting functional status

Date of new illness or injury affecting functional status \_\_\_\_\_

Describe new illness or injury affection functional status

\_\_\_\_\_

Were there any other health or life events affecting functional status during Week one?

- No  
 Yes

Date of other event affecting functional status

\_\_\_\_\_

Describe other event affecting functional status

\_\_\_\_\_

Was there a change in residence type during Week One?

- No  
 Yes

Date of change in residence

\_\_\_\_\_

Type of residence

- Home or retirement home  
 Nursing home  
 Other

Describe other type of residence

\_\_\_\_\_

## Adverse Events

Adverse events during Week One - check all that apply

- None

-

- Profound anemia  
(Hemoglobin less than 6 g/dL)

Start date of profound anemia

\_\_\_\_\_

Was this an SAE?

- No  
 Yes

-

- Renal failure requiring renal replacement therapy

Start date of renal failure requiring renal replacement therapy

\_\_\_\_\_

Was this an SAE?

- No  
 Yes

-

- Myocardial infarction

Start date of MI

\_\_\_\_\_

Was this an SAE?

- No  
 Yes

-

- Non-hemorrhagic stroke

Start date of non-hemorrhagic stroke

\_\_\_\_\_

Was this an SAE?

- No  
 Yes

-

- Mesenteric ischemia  
(Ischemic events secondary to anemia)

Start date of mesenteric ischemia

\_\_\_\_\_

Was this an SAE?

- No  
 Yes

-

- Syncope

Start date of syncope

\_\_\_\_\_

Was this an SAE?

- No  
 Yes

-

- Falls

Start date of falls

\_\_\_\_\_

Was this an SAE?

- No  
 Yes

-

- Shortness of breath

Start date of shortness of breath

\_\_\_\_\_

Was this an SAE?

- No  
 Yes

-

- Chest pain/pressure

Start date of chest pain/pressure

\_\_\_\_\_

Was this an SAE?

- No  
 Yes

## Device and Mobility

Was the device worn all week?

- No  
 Yes

Describe reason why device wasn't work all week

\_\_\_\_\_

Was the device charged this week?

- No  
 Yes

Are there any concerns related to device?

- No  
 Yes

Describe concerns related to device

\_\_\_\_\_

Walking aid used?

- No  
 Yes

Type of walking aid

- Crutches  
 Zimmer frame  
 Walking frame  
 Highwalker  
 Other

Describe other type of walking aid

\_\_\_\_\_

## PROMIS Global 10 Survey

Was PROMIS 10 survey completed?

- No  
 Yes

In general, would you say your health is:

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

In general, would you say your quality of life is:

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

In general, how would you rate your physical health?

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

In general, how would you rate your mental health, including your mood and your ability to think?

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

In general, how would you rate your satisfaction with your social activities and relationships?

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

- Completely  
 Mostly  
 Moderately  
 A little  
 Not at all

In the past 7 days How would you rate your pain on average?

- 0  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10

In the past 7 days How would you rate your fatigue on average?

- None  
 Mild  
 Moderate  
 Severe  
 Very severe

In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

In the past 7 days How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?

- Never  
 Rarely  
 Sometimes  
 Often  
 Always

Was subject withdrawn from study during Week One?

- No  
 Yes

Why was subject withdrawn?

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Notes:

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